

**IDAPA 17  
TITLE 02  
CHAPTER 07**

**17.02.07 - PROCEDURES TO OBTAIN COMPENSATION**

**000. LEGAL AUTHORITY.**

This chapter is adopted pursuant to the provisions of Sections 72-432, 72-448, 72-508, 72-602, 72-701, 72-702, 72-703, 72-704, Idaho Code. (7-1-97)

**001. TITLE AND SCOPE.**

These rules shall be cited as IDAPA 17.02.07, "Procedures to Obtain Compensation," and shall apply to claims for compensation arising under the Workers' Compensation Act. (7-1-97)

**002. WRITTEN INTERPRETATIONS.**

No written interpretations of these rules exist. (7-1-97)

**003. ADMINISTRATIVE APPEALS.**

There is no administrative appeal from decisions of the Industrial Commission in workers' compensation matters, as the Industrial Commission is exempted from contested-cases provisions of the Administrative Procedure Act. (7-1-97)

**004. INCORPORATION BY REFERENCE.** The Idaho Industrial Commission hereby adopts and incorporates by reference the following: ( )

**01. EDI Guide and Tables.** Idaho Industrial Commission Claims EDI Implementation Guide and Trading Partner Tables, Version 1.1 ("EDI Guide and Tables"). The Idaho Industrial Commission Claims EDI Implementation Guide and Trading Partner Tables are available at the Commission's website at [www.iic.idaho.gov](http://www.iic.idaho.gov). ( )

**02. EDI Implementation Guide.** International Association of Industrial Accidents Boards and Commissions (IAIABC) EDI Claims Release 3.0 Implementation Guide – January 1, 2015 Publication ("EDI Implementation Guide"). The IAIABC Claims Release 3.0 Implementation Guide is available at the IAIABC website at [www.iaiaabc.org](http://www.iaiaabc.org). ( )

**005. OFFICE -- OFFICE HOURS -- MAILING ADDRESS AND STREET ADDRESS.** Idaho Industrial Commission. Office hours are Monday through Friday, 8:00 am to 5:00 pm. The mailing address for filing documents is: Idaho Industrial Commission, PO BOX 83720, Boise, ID 83720-0041. The Commission's office is located at: 700 S. Clearwater Lane, Boise, ID 83712. ( )

**006. PUBLIC RECORDS ACT COMPLIANCE.** This rule is subject to and in compliance with the Public Records Act.

**007. -- 009. (RESERVED)**

**010. DEFINITIONS.**

The following definitions shall be applicable to these rules. (7-1-97)

**01. "Adjuster,"** means an individual who adjusts workers' compensation claims. ( )  
~~Commission. Means the Idaho Industrial Commission.~~ (7-1-97)

**02. "Claim-,"** ~~Means~~ means The making of a request with the Commission for benefits payable under the Idaho Workers' Compensation Act, either by filing Industrial Commission (IC) Form 1A-1 entitled "Workers

Compensation First Report of Injury or Illness.” ~~If or by filing~~ an application for hearing, referred to as a Complaint in the Judicial Rules, ~~has been filed~~ with the Commission, ~~the IC Form 1A-1 is not required.~~ (7-1-97)( )

**03. “Claimant,”** means a worker who is seeking to recover benefits under the Workers’ Compensation Law. ( )

~~Notice. Means both the employer’s actual and constructive knowledge of the accident, injury or occupational disease. (7-1-97)~~

**04. “Claims Administrator,”** means an organization, including insurers, third party administrators, independent adjusters, or self-insured employers, that services workers’ compensation claims. ( )

**05. “Commission,”** means the Idaho Industrial Commission. ( )

**06. “Employer,”** ~~is~~ defined in Section 72-102(11), Idaho Code, and, for the purposes of these rules, includes sureties and adjusters. (7-1-97)( )

~~05. Claimant. Means a worker who is seeking to recover benefits under the Workers’ Compensation Law. (7-1-97)~~

**07. “IAIABC EDI Release 3.0,”** means the IAIABC authored EDI Release 3.0 standards that cover the transmission of Claims (FROI and SROI), information through electronic reporting. ( )

**08. “Legacy claim,”** means a First Report of Injury that was filed prior to the date specified in Section .012.02(b). ( )

**09. “Notice,”** means both the employer’s actual and constructive knowledge of the accident, injury or occupational disease. ( )

**10. “Trading Partner,”** means an insurance carrier, self-insured employer, or Claims Administrator that has entered into a Trading Partner Agreement with the Commission. ( )

**11. “Trading Partner Agreement,”** an agreement between the Idaho Industrial Commission and a trading partner that sets out the terms and conditions for the electronic reporting of information to the Commission. ( )

## **011. ABBREVIATIONS.**

**01. EDI.** Electronic Data Interchange, a computer-to-computer exchange of data in a standardized format. ( )

**02. FROI.** The First Report of Injury, the first filing of information with the Industrial Commission that a reportable workplace injury has occurred or an occupational disease has been manifested, as required by Idaho Code § 72-602(1); filed in accordance with these rules. ( )

**03. IAIABC.** International Association of Industrial Accidents Boards and Commissions, a not-for-profit trade association whose members are industrial accident, workers’ compensation or other governmental bodies as well as associate members comprised of other industry-related organizations and individuals. ( )

**04. SROI.** The filing of a Supplemental or Subsequent Report of Injury, the filing of additional information with the Industrial Commission, regarding benefits paid or changes in the status or condition of an injured worker, of a claim for benefits, as required by Idaho Code §§ 72-602(2), (3) and (4); filed in accordance with these rules. ( )

## **012. SUBMISSION OF FIRST REPORTS OF INJURY AND CLAIMS FOR COMPENSATION TO THE INDUSTRIAL COMMISSION.**

**01. Purpose.** The Industrial Commission seeks to develop a form for reporting work-related injuries and occupational diseases that is compatible with emerging standards for electronic submission of data. This will allow for more timely entry of information into the database system from which statistical reports are generated by the Commission, reduce the paper that the Commission currently receives, and is expected to reduce the cost of reporting for sureties/insurance carriers, employers and the Commission. (7-1-97)( )

**02. Procedure for Submitting Claims.** ~~In order to comply with Section 72-602, Idaho Code, Form 1A-1 shall be submitted to the Commission in substantially the same form as set forth below. At such time as the Commission institutes a system for on-line reporting of claims, claims may be submitted electronically. Fields that require clarification are listed below with explanations and/or applicable coding information:~~ (7-1-97)

~~a. Dates: Use MM/DD/YYYY format. (7-1-97)~~

~~b. SIC Code: Code that represents the nature of employer's business as it is contained in the Standard Industrial Classification Manual published by the Federal Office of Management and Budget. (7-1-97)~~

~~c. Carrier: The surety issuing a contract of insurance and assuming financial responsibility on behalf of the employer of the claimant. In the case of a self-insured, the self-insured's information should be submitted. (7-1-97)~~

~~d. Claims Administrator: The name of the surety, adjuster, state fund, or self-insured responsible for administering the claim. (7-1-97)~~

~~e. Employment status: This is the claimant's work status. The valid choices are full time, not employed, disabled, unknown, part time apprentice, seasonal, part time, on strike, retired, full time apprentice, volunteer, or piece worker. (7-1-97)~~

~~f. Date disability began: The first day on which the claimant lost time from work due to the injury or disease. (7-1-97)~~

~~g. Type of injury/illness: Brief description of nature of injury or illness or the appropriate National Council on Compensation Insurance (NCCI) Detailed Claim Information (DCI) code. (7-1-97)~~

~~h. Part of body affected: Brief description or the appropriate DCI code(s). (7-1-97)~~

~~i. Department or location where accident or illness exposure occurred: Enter requested information or, if the accident or illness exposure did not occur on the employer's premises, enter address or location as specifically as possible. (7-1-97)~~

~~j. Nature of injury: Brief description or the appropriate DCI code(s). (7-1-97)~~

~~k. Work process the employee was engaged in when accident or illness exposure occurred: Describe the work process the employee was engaged in when the accident or illness exposure occurred, such as building maintenance. Enter "NA" for not applicable if employee was not engaged in a work process. (7-1-97)~~

**a. FROI Reporting Prior to EDI Mandate.** Prior to July 1, 2017, all FROI information shall be submitted to the Commission on single-sided eight and one-half inch by eleven inch (8 1/2" x 11") white paper in a format substantially similar to Form 1A-1. Form 1A-1 is available from the Benefits Bureau of the Industrial Commission or on the Commission's website at [www.iic.idaho.gov](http://www.iic.idaho.gov). At the Commission's discretion, claims may be submitted electronically in accordance with EDI Release 1.0 standards and any additional requirements of the Commission. ( )

**b. FROI & SROI EDI Reporting.** The Commission will require electronic submission of a First Report of Injury (FROI), effective July 1, 2017, and a Supplemental or Subsequent Report of Injury (SROI), effective July 1, 2017, in accordance with IAIABC EDI Release 3.0 and the Commission's EDI Guides and Tables, for insurance carriers, in-state Claims Administrators, and self-insured employers, as those entities are not otherwise exempted by these rules. ( )

**c. Trading Partner Agreements.** Before commencing electronic reporting, self-insured employers and insurance carriers shall sign a Trading Partner Agreement with the Commission, which must be approved by the Commission prior to initial data submission. This agreement will provide the effective date to send and receive electronic reports, which may be earlier but not later than the date in (b.), above, the acceptable data to be sent and received, the method of transmission to be used, and other pertinent elements. To ensure the accuracy of reported data, the Commission may make periodic audits of insurance carrier and self-insured employer files. In the event that a Trading Partner Agreement is entered into by a claims administrator, notice to the Trading Partner of a FROI shall be deemed to be notice to the underlying insurance carrier or self-insured employer. ( )

**d. FROI.** Each electronic First Report of Injury (FROI) must comply with the formatting requirements of the IAIABC EDI Claims Release 3.0 Implementation Guide and Idaho Industrial Commission Claims EDI Implementation Guide & Tables, and must contain the information identified as mandatory or mandatory conditional, as applicable. ( )

**e. SROI.** Each electronic Supplemental or Subsequent Report of Injury (SROI) must comply with the formatting requirements of the IAIABC EDI Claims Release 3.0 Implementation Guide and the Idaho Industrial Commission Claims EDI Implementation Guide & Tables, and must contain the information identified as mandatory or mandatory conditional, as applicable. ( )

**f. Report Form and Content for Parties Exempt from EDI Requirements:**

**i.** Individual injured workers, injured workers' legal counsel, and employers that are not insured are not required to comply with IAIABC EDI requirements for filing of the FROI and SROI. SROIs filed on legacy claims will not be accepted via IAIABC EDI Release 3.0 standards. ( )

**ii.** Employers that are not insured, individual injured workers, and injured workers' legal counsel shall submit all FROI to the Commission on single-sided eight and one-half inch by eleven inch (8 1/2" X 11") white paper in a format substantially similar to Form 1A-1. Form 1A-1 is available from the Benefits Bureau of the Industrial Commission or on the Commission's website at [www.iic.idaho.gov](http://www.iic.idaho.gov). ( )

**iii.** Employers that are not insured, individual injured workers, and injured workers' legal counsel, shall submit all SROI to the Commission on single-sided eight and one-half inch by eleven inch (8 1/2" X 11") white paper in a format substantially similar to Form SROI-1. Form SROI-1 is available from the Benefits Bureau of the Industrial Commission or on the Commission's website at [www.iic.idaho.gov](http://www.iic.idaho.gov). ( )

**03. Retaining Claims Files.** All ~~employers~~ insurance carriers and their claims administrators shall maintain their respective claim files in accordance with ~~Section~~ IDAPA 17.02.10.051. All self-insured employers and their claims administrators shall maintain their respective claim files in accordance with IDAPA 17.02.11.051. Upon request of the Commission, insurance carriers, claims administrators, or employers shall provide to the Commission, in whole or in part according to the request, a copy of the claim file at no cost to the Commission. ~~(7-1-97)~~( )

**a.** All insurance carriers, claims administrators, or employers shall retain complete copies of claims files for the life of the claim or a minimum of five (5) years from the date of closure, whichever is shorter. ~~(7-1-97)~~( )

**b.** For time-loss claims, closure will be the date upon which the insurance carrier, claims administrator, or employer files the final summary of payments, either as an appropriate EDI transaction, or as a hardcopy document for legacy claims. The Commission recommends that an insurance carrier, claims administrator, or employer retain a closed claim file for a minimum of five (5) years. ~~(7-1-97)~~( )

**04. Filing Not an Admission.** Filing a claim is not an admission of liability and is not conclusive evidence of any fact stated therein. If a claim is submitted electronically, no signatures are required. (7-1-97)

**05. Filing Considered Authorization.** Filing of a claim shall be considered an authorization for the release of medical records that are relevant to or bearing upon the particular injury or occupational disease for which the claimant is seeking compensation. (7-1-97)

~~**06. Report Form and Content.**~~ (7-1-97)

~~**a.** The Notice of Injury and Claim for Benefits required by this rule shall be submitted on eight and one half by eleven inches (8 1/2" X 11") paper in a format substantially similar to that which follows. If the employer seeks to request additional information, the employer shall submit the proposed changes to the Commission for approval. Changes shall not be implemented prior to the receipt of the Commission's approval.~~ (7-1-97)

~~**b.** Employers wishing to report electronically shall sign a written information sharing agreement with the Commission. This agreement will provide the effective date to send and receive electronic reports, the acceptable data to be sent and received, the method of transmission to be used, and other pertinent elements. The agreement must be signed by the employer and approved by the Commission prior to initial data submission. To ensure the accuracy of reported data, the Commission may make periodic audits of employer files.~~ (7-1-97)

**07.6. Timely Response Requirement.** When the Commission requests additional information in order to process the Claim, the claimant or employer shall provide the requested information promptly. The Commission request may be either in writing or telephonic. (7-1-97)( )

**0123. -- 999. (RESERVED)**

WORKERS COMPENSATION - FIRST REPORT OF INJURY OR ILLNESS											
EMPLOYER	EMPLOYER NAME (PRINTED)				EMPLOYER ADDRESS (PRINTED)				EMPLOYER PHONE CODE		
	EMPLOYER PHONE NUMBER				EMPLOYER FAX NUMBER				EMPLOYER E-MAIL ADDRESS		
	FEDERAL REPORT NUMBER				STATE REPORT NUMBER				FEDERAL REPORT DATE		
	FEDERAL REPORT DATE				STATE REPORT DATE				FEDERAL REPORT TIME		
CLAIMANT	CLAIMANT NAME (PRINTED)				CLAIMANT ADDRESS (PRINTED)				CLAIMANT PHONE CODE		
	CLAIMANT PHONE NUMBER				CLAIMANT FAX NUMBER				CLAIMANT E-MAIL ADDRESS		
	FEDERAL REPORT NUMBER				STATE REPORT NUMBER				FEDERAL REPORT DATE		
	FEDERAL REPORT DATE				STATE REPORT DATE				FEDERAL REPORT TIME		
EMPLOYEE	EMPLOYEE NAME (PRINTED)				EMPLOYEE ADDRESS (PRINTED)				EMPLOYEE PHONE CODE		
	EMPLOYEE PHONE NUMBER				EMPLOYEE FAX NUMBER				EMPLOYEE E-MAIL ADDRESS		
	FEDERAL REPORT NUMBER				STATE REPORT NUMBER				FEDERAL REPORT DATE		
	FEDERAL REPORT DATE				STATE REPORT DATE				FEDERAL REPORT TIME		
INSURANCE	INSURANCE COMPANY NAME (PRINTED)				INSURANCE ADDRESS (PRINTED)				INSURANCE PHONE CODE		
	INSURANCE PHONE NUMBER				INSURANCE FAX NUMBER				INSURANCE E-MAIL ADDRESS		
	FEDERAL REPORT NUMBER				STATE REPORT NUMBER				FEDERAL REPORT DATE		
	FEDERAL REPORT DATE				STATE REPORT DATE				FEDERAL REPORT TIME		
INVESTIGATION	INVESTIGATION DATE (PRINTED)				INVESTIGATION ADDRESS (PRINTED)				INVESTIGATION PHONE CODE		
	INVESTIGATION PHONE NUMBER				INVESTIGATION FAX NUMBER				INVESTIGATION E-MAIL ADDRESS		
	FEDERAL REPORT NUMBER				STATE REPORT NUMBER				FEDERAL REPORT DATE		
	FEDERAL REPORT DATE				STATE REPORT DATE				FEDERAL REPORT TIME		
TREATMENT	TREATMENT DATE (PRINTED)				TREATMENT ADDRESS (PRINTED)				TREATMENT PHONE CODE		
	TREATMENT PHONE NUMBER				TREATMENT FAX NUMBER				TREATMENT E-MAIL ADDRESS		
	FEDERAL REPORT NUMBER				STATE REPORT NUMBER				FEDERAL REPORT DATE		
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